## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011629 STATE FILE NUMBER

				R	egistration District No	155 Prim	ary Regis	stration Dis	trict No. 3/2	7Registrar's No.	56	STAT	E FILE NU	MBER
DO NOT WRITE ON THIS STUB	AMI	ENDEÐ		_	FILED M									<del></del>
				1	. PLACE OF DEATH	· · · · ·				2. USUAL RESIDEN			stitution:	
VS 300	<u> </u>				a. COUNTY J	asper				a. STATE Mo.	ь. со	давр.	er	admission)
Rev. 4/59	9		1		b. CITY (If outside cor	porate limits, give TOWNS	HIP only	) Le	ngth of stay in 1b	c. CITY				Inside Limits
	AMENDED				TOWN We	bb City				TOWN '	Joplin			Yes No K
0495		11	,	-	c. FULL NAME OF (If I	NOT in hospital, give locat	ion)		Inside Limits	d. STREET ADDRESS	(If a	outside, give loca	tion)	Reside on Farm
20490	DATE	ŀ			HOSPITAL OR INSTITUTION	Jane Chinn			Yes 🔼 No 🗆		ute 2, B	ox 157		Yes No No
3	1-1-	<del>                                     </del>	┪ ┃	- 3	. NAME OF DECEASED	First		Mid	dle	Lest	4. DATE	Month	Day	Year
	1				(Type or print)	Edna		Ale	an	Rader	OF DEATH	March	15,	1962
4 1				5	. SEX	6. COLOR OR RACE		rried 🔣	Never Married	8. DATE OF BIRTH	9. AGE (last b	oirthday) IF UND		
5 /		1			Female	White		owed 🗆	Divorced [	7/12/09	52	Months		Hours Min.
6	.			10	a. USUAL OCCUPATION during most of working		-		INESS OR INDUSTR		-	country) 12. Ci		WHAT COUNTRY
7 1	<u> </u>	;				g me, even n temes,		ısewif		McAlliste		<b> </b>	U. S	_
7 1	<u> </u>	1		13	a. FATHER'S NAME		ĺ		IER'S MAIDEN NAM		1	AME OF HUSBAND		
8 4 1	1 1			_	Jackson Sn			_	nna Cross		Gu	y E. Rade	r	
	?	1 1	1 1	15 (Y	i. WAS DECEASED EVER es, nq <sub>w</sub> or unknown) (If	IN U.S. ARMED FORCES? yes, give war or dates of a		IA. SOCI	AL SECURITY NO.	17. INFORMANT  Guy E Ra	D#	Address 2 / Jopli	n. Mo	) <b>.</b>
_ <sup>9</sup> X	וַי			_					<u> </u>	l Gift I Va	del na	2 0002-	181	TEDUAL BETWEEN
10	\	· }			PART I.	(Enter only one cause per DEATH WAS CAUSED BY:						0 -111	6	15 mins.
110 49	등	1 1	DOCUMEN			IMMEDIATE CAUSE (a)				inear penet				15 mins.
110 49	اواد		8	i			at	right	, angles t	o temporal	line fou	r inches	in	
121 3	I⊏ I	:	<b>!</b> ?		Condition which ga	ns, if any, DUE TO (b				uperior to	Buperaro	TEST LIGE	<u>-                                     </u>	
12					stating t	ause (a), he under-		later	el side o	f head.				
	_   _					use last. J DUE TO (c						T	<u> </u>	
				<u> </u>	PART II.	OTHER SIGNIFICANT Co	n PART I	NS CONTR	IBUTING TO DEAT	H but not related to	the terminal	PART III. If c		was female was ncy in last 90 days.
E	2		1 1	Ş								□ ¥	2S (2S)	No Unknown
,			[	CERTIF	19. WAS AUTOPSY PERFORMED?	20a. ACCIDENT SUICIDE		ICIDE	20b. DESCRIBE HO	W INJURY OCCURRED	. (Enter nature of	injury in PART I	PART II	of item 18.)
	2			ابدا	YES INO M		_	_		rash with s				
NO			[	WEDICA	20c. TIME OF Hour INJURY	Month, Day, Year	poor	visi	on because	sun was sl	ninning i	n driver'	s fac	-
C INK RIBBON	`	-		¥E.	5:30 p.m.	3-15-62								
		1	[		20d. INJURY OCCURRE WHILE AT WORK	□ i farm, t	actory, st	reet, office	blda., etc.)	20f. CITY, TOWN, OR		COUN		STATE Mo.
			<b>∣ Į</b>		NOT WHILE AT W			5		East of Wel	<del></del>	Jasy	er_	MO.
OR JER	125	li			21. I attended the dec	eased from did			, to	and	l last saw her ali	ive on		
	SHOULD READ		1		Death occurred at	5	:30	p.m.	m on th	e date stated above, a	nd to the best of	my knowledge, f	rom the c	ouses stated.
USE	悥	li	Ь		22a, SIGNATURE	10 4 Beg	ree or til	(p)	-	22b. ADDRESS				22c. DATE SIGNED
	3	li	<u> </u>		Hundle	e tupe	z D	צוציה צ	CORONE	7 508 Frisc	co Buildi	ng		<b>3-</b> 16 <b>-</b> 62
	<del>-   -</del>	<del>                                     </del>	IŽ	23	a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE			CEMETERY OR CRE	1	3d. LOCATION (	City, town, or cou	nty)	(State)
	Ŏ.		AFFIDA		Burial _	3/20/62		airvi	ew Cemeter	-	= -	Missouri		
	ITEM		<	24	FUNERAL DIRECTOR		RESS	~ f		TE RECD. BY LOCAL RE	J		Ę	0
¥ .	=		á	H	edge Lewis F	uneral Home,W	das (	JILY,	<u> </u>	<u>3-17-62</u>	Mrs.	Madel	in	Suntain
			_					flicense	d Embalmer's Staten	nent on Reverse Side)				0

## STATEMENT BY LICENSED EMBALMER

by	, Student Embalmer No
orking under my personal supervision.	2. 1 1 H .
dent	_ Signed Street Hon Lewo
Signature of Student Embalmer	
	Licensed Embalmer No. 74
	P. O. Address Webf City M
	110.744.003

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.